

Parrish. (J)

INSANITY AND ITS PROBLEMS.

Remarks of Dr. Joseph Parrish, at the Annual Meeting of the New Jersey State Medical Society, Atlantic City, June 13, 1883.

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If there is one subject before the people of this generation about which there is much felt and feared, and about which there is little known and understood, that subject is *Insanity*, and yet I think it may be said with truth that there never has been a period in the history of American medicine, when the study of psychiatry has claimed so large a share of thought and investigation, as in the era in which we now live. This evolution of popular and professional thought in the domain of research and discovery, is an encouraging sign of the times which should stimulate us to seek for more accurate knowledge on this subject than we now possess.

There is no other department of medicine that is compelled to confront the world with such a humiliating confession of ignorance, as we are required to make when questioned concerning the pathology and treatment of insanity.

In every other branch of our venerable calling, grand additions have been made to the means of relieving human suffering. Physiology and pathology have joined hands, and with microscope, ophthalmoscope and other instruments of precision, have revealed mysterious forces, and described morbid processes which have placed them in the front rank of *advanced* sciences.

Chemistry and Materia Medica, with quiet and patient industry, have eliminated from nature, about and beneath us, numberless agencies to be employed for the relief and comfort of mankind. Surgery, alone and unrivaled, has, with matchless skill, enriched her domain with priceless trophies of progress, such as the world has never before witnessed, and can



never cease to admire. In the field of psychiatry alone does the cold, bald fact stand out, as a rebuke to our civilization, that in the presence of such discoveries and advances, insanity is permitted to hold the staff of preëminence in defying the means that have been so far tried to disclose its vulnerable points, and render it amenable to remedies, as other diseases are.

There is a sentimental side to this subject, and there is a practical side to it, which blend in the common expression of a desire to penetrate beneath the surface, that is visible in the eccentric symptomatology of the disease, and search for causes, whether they be traced to an ancestry more or less remote, or to some immediate traumatic impulse or domestic infelicity. * It matters not which, for the truth remains, that in addition to the actually insane, there is about us, in every community, a large element of sensitive, fearful, neurasthenic people, who are keenly alive to all that concerns the causation and treatment of insanity. Such persons are highly appreciative of all that is written or spoken on the subject. They are, whether ignorant or not, possessors or inheritors of an insane diathesis, which causes them to fear mental disorder. There is an undefined and yet certain instinct, or admonition within, that makes them suspicious, watchful and unhappy. Such cases are in every community, and every physician whose mind and heart are charged with the confidences of his patients, carries about with him an abiding apprehension that this or that patient is on the way toward some form of mental alienation. They are so, because they are conscious of a morbid sensibility which makes them dread what they anticipate.

The other side is the scientific and the practical; but it is not free from embarrassment and doubt. The process of differentiation is not defined, the lines are not distinctly drawn. Insanity is an unsolved problem. We cannot define or classify it. Its pathology is obscure, and, for want of better knowledge, we send our patients to an asylum. But what do asylums say? The answer comes back from them that, notwithstanding their efforts, insanity is on the increase, at a rate that is out of all reasonable proportion to the increase of population, and that with the prejudice that obtains in some quarters

against asylums, the commitment of patients is postponed till it is too late for permanent improvement. It is thus that our asylums are rapidly filled with chronic cases, to the exclusion of those who are curable. In our State Institution at Morris Plains there are now 710 patients, and its experienced superintendent informs me that "a very large number indeed are chronic incurable." He says that 200 of his patients might be kept in well regulated almshouses, or in private homes, and further states that if 200 of such cases should be removed, the class of chronic and incurables remaining would still be large; but the latter being complicated with tendencies to violence, a desire to escape, etc., could not be safely cared for in any county house, as they are now constructed and managed. "But few are left who are curable," says Dr. Buttolph.

Dr. Ward, of the Asylum at Trenton, computes that, out of 606 patients now in the institution under his care, fully one-sixth can be classed as harmless chronic demented, and he goes on to say "our institution is filled with chronic cases, the accumulation of many years." In addition to these, our county poorhouses contain more than 600 insane persons, and how wretched their condition is, I judge that most of us are aware. The cases of what may be called concealed insanity, already referred to, are not included in these figures;—persons with an insane diathesis, who wait only for the occurrence of exciting causes to plunge them into insanity, after one form of the disease or another.

Now, I am here to-day to speak for these 2000 insane of New Jersey, and to ask this venerable Society if there is not a work for it to do in behalf of the insane of our State. Nearly every county in New Jersey has within its limits a medical society, and nearly every such territorial division of the State has what is known as its county poorhouse, for the sick, injured and disabled. In some of these, separate provision has been made for the insane, but the basis of such classification, as I understand it, is simply to divide the sane from the insane, without reference to any sub-classification of the insane themselves. If we inquire why these things exist, one answer may be thus stated, viz.:—

The assumed incurability of the chronic insane, and the

popular demand for a false economy in the conduct of public, and especially pauper institutions, is urged. But have we any right to say that chronic insanity is necessarily incurable. Have we any definite line by which we can differentiate the acute and chronic forms? I believe that the teachings of asylum officials, in this regard, might be reconsidered with advantage. Within the last few weeks I have received a communication from a proprietor of a private retreat for *chronic* cases of lunacy in England, in which occurs the following remark:—

“A lady, for 28 years a patient, was discharged cured, and able to manage her own affairs, at the age of 70, and is now quite well.”

To this encouraging fact I may add, from my own limited range of observation, several cases which have been discharged from public institutions as incurable, who, under less elegant and sumptuous surroundings, and when placed again on their own level, in the midst of their normal environments, have been able to resume household duties, and I believe are still enjoying the comforts, and performing the amenities of their own domestic life.

An experienced superintendent of an insane asylum in the West says:—

“The chronic insane are as susceptible of cure, if you know how to go about it, as the recent cases, for there is at least but a small proportion of the new cases cured. It is lamentable the cases are so few.”

The remedy is work,—occupation. I believe we too often discredit the possibilities of human nature, and do despite to the exhaustless fund of resources which are available for us, in the conduct of cases of mental alienation. To live too long in the atmosphere of insanity, to have no familiar associations but those of insane persons, to have no outlook but from the same windows, and no walk but the circumscribed and limited range of the asylum lawn, outlined, it may be, with roses, and perfumed with violets, yet it is not the natural, the real, the congenial, free and limitless area which is the heritage of the race, and it is better to fail and fall repeatedly in efforts to conduct a convalescence in the midst of natural surroundings,

than to fix and confirm the disease by a protracted and unremitting contact with lunacy and its methods.

Does it not seem reasonable and right, that with the decrease in the number of recoveries, and the necessary accumulation of chronic cases, it is better to make the experiment of a new departure even with such cases.

What shall that new departure be? To answer this question brings us face to face with grave questions with which the people are directly concerned. Money is requisite to bring about needed reform—taxation. Legislative interference is needed; the right man, or the right men, are needed to act as commissioners of lunacy, who, with the seal of the Commonwealth in their hands, should be empowered to enter every door behind which a lunatic may be found.

Such commissioners should be charged with the duty of enquiring into every case of complaint or ill management anywhere. The patients themselves would soon learn that a commissioner was an officer of the Government, who was sent among them for their good; that the Government would hear their complaints and remedy the evils of which they complain if they exist. The patient would feel more independent, and this very fact would contribute its measure toward his cure.

Physicians should insist upon a lunacy commission.

Remove the harmless and so-called chronic cases to quiet, private homes in rural districts, if possible, or to small and inexpensive retreats established for the purpose, where they may be in the midst of domestic and social surroundings that are congenial to their former tastes and habits, and where they will be encompassed by sanity and sane occupations, and there is no knowing how many a bright and lively germ may find a soil in which it may take root, break through the accretions of abnormal habit which have accumulated through years of asylum residence, and grow up into fruit-bearing life.

We want intermediate homes, where nervous and disordered persons who feel that they are drifting toward insanity may voluntarily go, to escape, if possible, the impending alternative of a residence in an asylum, and also where convalescents, who are preparing to leave the asylums, may pass a little time before resuming the duties and responsibilities of a normal

life, without encountering the sudden shock which so frequently is a prime factor of relapse. We want the people to comprehend the fact, that if they would escape insanity for themselves, they should be familiar with its causes, and the manner of its approach, and physicians should familiarize themselves with insanity in its several phases, and be as ready and competent to instruct the people, and create a wholesome public sentiment, as they are about other diseases.

Lunacy laws, providing for commitment and detention of patients, should be enacted, and thus an ignorant and prejudiced public sentiment corrected.

We want no further necessity for writs of habeas corpus, in order that a citizen may find his way from a hospital or asylum to his home. We want no more needless restraints applied to the bodies of our fellow men who are deprived of their reason. We want no more such unwise economy in the administration of county poor-houses, as will confine a patient in a disgusting cell, year after year, rather than be at the cost of an attendant to walk or ride with him in the open air, or teach him some simple occupation. We demand for the pauper, as well as for the millionaire, the maximum allowance of personal liberty that is consistent with safety. So long as the capacity for enjoyment lingers in the beclouded or perverted brain, we ask that the flickering spark shall not be extinguished by neglect.

We believe it to be the duty of Chosen Freeholders, who are the legislators for the counties, to be guided by the best medical opinion of the several counties in the care of their insane citizens, who by reason of this dreadful scourge are committed to their charge. Chosen Freeholders are the legal guardians of all the inmates of the poorhouses, and it behooves them to be impressed with the importance and solemnity of their trust. What right have they to put a man in a cell, without books or employment, without even simple amusement—if he is competent for nothing else—depriving him of fresh air and wholesome exercise? These things are continually done; the normal condition of the pauper insane who are confined in county houses is apparently neglect, filth, and weariness of soul and body. What right have they to fasten epileptics,

with cords, on their beds, from month to month, and deprive them of the treatment they require?

What right have we, as physicians, cognizant of these things, to be silent and not remonstrate against them. Our profession is born of the pains and necessities of our fellow-men. Her ministries are those of mercy and good will. They are unlimited by race, condition or circumstance. We should be aroused by the need of our fellow-citizens who are incarcerated behind the doors of poorhouse cells, and demand of the law makers that suitable provision be made for their relief.

Notwithstanding the alleged increase of insanity, I venture the declaration that, if the harmless, innocent, and incurable patients now in our asylums, should be provided for as humanity and a wise jurisprudence should dictate, outside of the asylums, there would be cell-room enough in the two large institutions for all the insane of New Jersey who may need such separation, and room enough somewhere within the area of the massive buildings for the criminal insane (so called), that they may be kept distinct from the other inmates, and have such seclusion as they may require. These are a few of the minor problems that grow out of, or are a part of, the great problem of insanity. I have presented them to you as they have shaped themselves in my mind, with a hope that they may not be overlooked in the future deliberations of our county societies with reference to reaching some good practical results.

The purpose of this address is simply suggestive of what seems to me to be within the reach of this Society, through its auxiliaries; namely, for each county society to have its committee on lunacy, whose duty it shall be to visit the county poorhouses, and, by a friendly and volunteer supervisorship of the condition of the insane, making reports to their respective societies, at such periods as may be deemed proper, with the hope that at least a beginning may be made toward an entire revolution of the present poorhouse system, by a substitution of some practical methods of relief that shall be independent of political influence and method.

Dr. Parrish proposed the following resolutions, which were adopted, and the following committee appointed: Joseph

Parrish, Burlington; F. Gauntt, Burlington; E. J. Marsh, Paterson; Wm. Pierson, Orange; L. W. Oakley, Elizabeth.

WHEREAS, The condition of the insane poor in the several County houses of this State is such as to warrant investigation by this Society; it is therefore

Resolved, That the President appoint a committee on lunacy, whose duty it shall be to inquire into the asylums and poor-houses in the several counties as often as may be suitable, and in a friendly and unofficial manner acquaint themselves with the condition of the insane, and to report to this Society at its next meeting.

Resolved, That it is the opinion of this Society that a Lunacy Commission should be appointed by the State authorities, as a means of protecting the pauper insane especially, and of improving the general condition of the almshouses of the State.